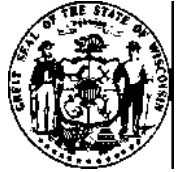




STATE OF WISCONSIN
DEPARTMENT OF REGULATION AND LICENSING
BARBERING AND COSMETOLOGY EXAMINING BOARD



EMPLOYMENT VERIFICATION
FOR INSTRUCTOR OR MANAGER APPLICANTS

APPLICANT NAME

APPLICANT WISC. LICENSE TYPE AND NUMBER

I certify that the applicant named above was employed under my supervision

from _____ to _____ for a total of _____ hours. I also certify that no hours earned on a temporary permit or as an apprentice are included and that only hours worked after the date the applicant's license was granted are included.

This Employment Verification is intended for (check one):

Instructor Examination ☐

Manager Examination ☐

I, _____, Manager of Record, under the penalties of perjury, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

Manager
Certificate
Number

Signature

Date

LICENSED BARBERING & COSMETOLOGY ESTABLISHMENT

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ESTABLISHMENT LICENSE #: _____

Proper completion of this form is required for processing the application. Any alterations will make this form void.